

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006440

FILED
Mar 27, 2009
Secretary of State

Entity Name: GRANITE APPLE GLOBAL HEALTH RESOURCES, INC.

Current Principal Place of Business:

2010 ANCHOR DRIVE
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5218
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 26-2863199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, MICHAEL C
2010 ANCHOR DRIVE
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: ADAMS, MICHAEL C
Address: 2010 ANCHOR DRIVE
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: DONOVAN, CAM
Address: 2533 FERNBANK DR.
City-St-Zip: CHARLOTTE, NC 28226

Title: D () Delete
Name: BISCHOFBERGER, ROXANE
Address: 2241 HIGHWAY 306
City-St-Zip: COLDWATER, MS 38618

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: LY, ANHCHI
Address: 1830 GAYLORD ST. #102
City-St-Zip: DENVER, CO 80206

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL C ADAMS

DCEO

03/27/2009

Electronic Signature of Signing Officer or Director

Date